

**BLAINE COUNTY SHERIFF'S OFFICE**

**CHINOOK, MT**

**STATE OF MONTANA CONCEALED WEAPON PERMIT APPLICATION**

New Application (    )    Renewal non-expired (    )    Transfer/ County (    )

This form is to be completed by each person making an application

RESIDENT OF MONTANA FOR AT LEAST 6 MONTHS (    ) YES (    ) NO

LEGAL CITIZEN OF THE UNITED STATES (    ) YES (    ) NO

18 YEARS OF AGE OR OLDER (    ) YES (    ) NO

PLEASE TYPE OR PRINT THE FOLLOWING:

Full Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden/Nickname: \_\_\_\_\_

Address: Physical Home: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST 5 YEARS

**Business Name**

**Address**

**Dates of Employment**

1. \_\_\_\_\_

2. \_\_\_\_\_

| Business Name | Address | Dates of Employment |
|---------------|---------|---------------------|
| 3.            |         |                     |
| 4.            |         |                     |
| 5.            |         |                     |

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST 5 YEARS

| City | Address | Dates of Residence |
|------|---------|--------------------|
| 1.   |         |                    |
| 2.   |         |                    |
| 3.   |         |                    |
| 4.   |         |                    |
| 5.   |         |                    |

MILITARY SERVICE BRANCH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ RANK UPON DISCHARGE \_\_\_\_\_

HAVE YOU **EVER** BEEN ARRESTED FOR OR CONVICTED OF A CRIME ( ) YES ( ) NO

HAVE YOU EVER BEEN FOUND GUILTY IN A COURT-MARTIAL PROCEEDING?  
( ) YES ( ) NO

IF YES, COMPLETE THE FOLLOWING (Exceptions: minor traffic violations, Attach additional sheet if needed)

| City | State | Charge | Date |
|------|-------|--------|------|
| 1.   |       |        |      |
| 2.   |       |        |      |
| 3.   |       |        |      |
| 4.   |       |        |      |
| 5.   |       |        |      |
| 6.   |       |        |      |

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST 5 YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACABLE DISPOSITION (**DO NOT** include relatives or present/past employers, these three people will complete the required "Personal Reference Questionnaire Affidavit" for your application)

| Name | Address | Phone |
|------|---------|-------|
| 1.   |         |       |
| 2.   |         |       |
| 3.   |         |       |

IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT (Attach additional sheet(s) if necessary):

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ARE YOU UNDER INDICTMENT OR INFORMATION IN ANY COURT FOR A **FELONY**, OR ANY OTHER CRIME, FOR WHICH THE JUDGE COULD IMPRISON YOU FOR MORE THAN ONE YEAR? ( ) YES ( ) NO

ARE YOU A FUGITIVE FROM JUSTICE? ( ) YES ( ) NO

ARE YOU AN UNLAWFUL USER OF, OR ADDICTED TO, MARIJUANA OR ANY DEPRESSANT, STIMULANT, NARCOTIC DRUG, OR ANY OTHER CONTROLLED SUBSTANCE? ( ) YES ( ) NO

HAVE YOU EVER BEEN ADJUDICATED MENTALLY DEFECTIVE (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION? ( ) YES ( ) NO

ARE SUBJECT TO A COURT RESTRAINING YOU FROM HARASSING, STALKING, OR THREATENING YOUR CHILD OR AN INTIMATE PARTNER OR CHILD OF SUCH PARTNER? ( ) YES ( ) NO

HAVE YOU EVER BEEN CONVICTED IN **ANY** COURT OF A MISDEMEANOR CRIME  
OF DOMESTIC VIOLENCE? ( ) YES ( ) NO

HAVE YOU EVER RENOUNCED YOUR UNITED STATES CITIZENSHIP?

( ) YES ( ) NO

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and is given with the full knowledge that any misstatement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby authorized any person having information concerning me that relates to this information requested by this application and the requirements for a concealed weapon permit, either public record or otherwise, to furnish it the Sheriff to whom this application is made.

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SIGNATURE

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DATE OF APPLICATION

(To be signed in the presence of the Sheriff or their designee)

**BLAINE COUNTY SHERIFF'S OFFICE**

**CHINOOK, MT**

**STATE OF MONTANA CONCEALED WEAPON PERMIT**

**PERSONAL REFERENCE QUESTIONNAIRE**

Name of Applicant \_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

1. How long have you known the applicant?
2. Is the applicant knowledgeable in the use of firearms, especially handguns?
3. Does the applicant exercise good judgement?
4. Is the applicant a threat to the peace or good order of the community?
5. Has the applicant ever been hospitalized or medicated for any type of mental disorder?
6. Does the applicant abuse alcohol or drugs?
7. Is the applicant a member of an anti-American organization or terrorist group?
8. Do you recommend that the applicant be issued a concealed weapons permit?
9. Please explain why or why not in reference to Question #8.
10. Are you a relative or present/ past employer of the applicant?
11. How do you know the applicant?

I do affirm that all facts and statements contained herein are true and complete. I made this statement freely without hope or benefit or reward, without threat of punishment, and with coercion, unlawful influence, or unlawful inducement. I understand that if I make a statement that I know to be false, I can be charged of "Unsworn Falsification to Authorities" in violation of M.C.A. 45-7-203

\_\_\_\_\_  
Signature of Personal Reference Completing Questionnaire

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**BLAINE COUNTY SHERIFF'S OFFICE**

**CHINOOK, MT**

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Signature of Personal Reference Completing Questionnaire

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature of Personal Reference Completing Questionnaire

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**BLAINE COUNTY SHERIFF'S OFFICE**

**CHINOOK, MT**

**STATE OF MONTANA CONCEALED WEAPON PERMIT**

**AFFIDAVIT OF TRAINING, PROFICIENCY & LEGAL REVIEW**

As a condition for applying for a concealed weapon permit the undersigned hereby certifies that they have: (Mark all that apply)

- \_\_\_\_\_ 1.) Successfully completed a hunter safety course approved or conducted by Montana FWP or a similar agency of another state.
- \_\_\_\_\_ 2.) Successfully completed a firearms safety or training course approve or conducted by Montana FWP, a similar agency of another state, a national firearms association, a law enforcement agency, an institution of higher education, or an organization that uses instructors certified by a national firearms association.
- \_\_\_\_\_ 3.) Completed a law enforcement firearms safety or training course offered to or required of public or private law enforcement personnel and conducted or approved by a law enforcement agency.
- \_\_\_\_\_ 4.) Possession of a license from another state to carry a firearm, concealed or otherwise, that is granted by that state upon completion of a similar course to those above. List State: \_\_\_\_\_
- \_\_\_\_\_ 5.) Evidence that during military service, the applicant was found to be qualified to operate firearms, including handguns.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Written Name

The above listed applicant has successfully taken the Blaine County Sheriff's Office Concealed Weapons Permit Course & Legal Review.

\_\_\_\_\_ Instructor \_\_\_\_\_ Date Completed



**45-8-315. Definition.** "Concealed weapon" means any weapon mentioned in [45-8-316](#) through [45-8-318](#) and [45-8-321](#) through [45-8-328](#) that is wholly or partially covered by the clothing or wearing apparel of the person carrying or bearing the weapon, except that for purposes of [45-8-321](#) through [45-8-328](#), concealed weapon means a handgun or a knife with a blade 4 or more inches in length that is wholly or partially covered by the clothing or wearing apparel of the person carrying or bearing the weapon.

**History:** En. Sec. 6, Ch. 74, L. 1919; re-en. Sec. 11307, R.C.M. 1921; re-en. Sec. 11307, R.C.M. 1935; Sec. 94-3530, R.C.M. 1947; redes. [94-8-215](#) by Sec. 29, Ch. 513, L. 1973; R.C.M. 1947, [94-8-215](#); amd. Sec. 9, Ch. 759, L. 1991.

**45-8-316. Carrying concealed weapons.** (1) A person who carries or bears concealed upon the individual's person a dirk, dagger, pistol, revolver, slingshot, sword cane, billy, knuckles made of any metal or hard substance, knife having a blade 4 inches long or longer, razor, not including a safety razor, or other deadly weapon shall be punished by a fine not exceeding \$500 or by imprisonment in the county jail for a period not exceeding 6 months, or both.

(2) A person who has previously been convicted of an offense, committed on a different occasion than the offense under this section, in this state or any other jurisdiction for which a sentence to a term of imprisonment in excess of 1 year could have been imposed and who carries or bears concealed upon the individual's person any of the weapons described in subsection (1) shall be punished by a fine not exceeding \$1,000 or be imprisoned in the state prison for a period not exceeding 5 years, or both.

**History:** En. Sec. 1, Ch. 74, L. 1919; re-en. Sec. 11302, R.C.M. 1921; re-en. Sec. 11302, R.C.M. 1935; Sec. 94-3525, R.C.M. 1947; redes. [94-8-210](#) by Sec. 29, Ch. 513, L. 1973; amd. Sec. 36, Ch. 359, L. 1977; amd. Sec. 1, Ch. 411, L. 1977; R.C.M. 1947, [94-8-210](#); amd. Sec. 1708, Ch. 56, L. 2009.

**45-8-317. Exceptions.** (1) Section [45-8-316](#) does not apply to:

(a) any peace officer of the state of Montana or of another state who has the power to make arrests;

(b) any officer of the United States government authorized to carry a concealed weapon;

(c) a person in actual service as a member of the national guard;

(d) a person summoned to the aid of any of the persons named in subsections (1)(a) through (1)(c);

(e) a civil officer or the officer's deputy engaged in the discharge of official